

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/869677** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1				1	
2	1				1	
3		1				1
4	1					1
5		1				1
6		2		1		1
7		2		1		1
8		2		1		1
9		1				1
10		2		1	1	
11		2		1		1
12		2		1		1
13						1
14						1
15						1
16						1
17						1
18						1
19						1
20						1
21						1
22						1
23						1
24						1
25						1
26						1
27						1
28						1
29						1
30						1
31						1
32						1
33						1
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		3		3		3
TOTAL DER.		9		11		11
TOTAL CLAIMS		12		14		14

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS